

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9746

State File No. ....

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <b>Lewis Twsp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewis Twsp</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lilbourn north project</b>		d. STREET ADDRESS (If rural, give location) <b>Lilbourn north project</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Betty</b> b. (Middle) <b>G.</b> c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 15 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 2 1949</b>
9. AGE (In years last birthday) <b>3</b>	10. COLOR OR RACE <b>Colored</b>	11. BIRTHPLACE (State or foreign country) <b>Lilbourn, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <b>E.W. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Retha May Branch</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mattie Branch Lilbourn, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <b>1953</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>19</b> to <b>March 15, 1950</b> , that I last saw the deceased alive on <b>March 15, 1950</b> and that death occurred at <b>5:30 Pm.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>G N Wilson</b>		23b. ADDRESS <b>Lilbourn</b>	
23c. DATE SIGNED <b>7/10/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>March 17-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sand Hill Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>New Madrid, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. L. Ponder</b>	
25. ADDRESS <b>Ponder Funeral Home, Lilbourn, Mo.</b>		DATE REC'D BY LOCAL REG. <b>March 17/50</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1950

APR 19 1950

RECEIVED MAR 27 1950

District Health Office No.

District File Number SS 2-4

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Not Embalmed*  
*Homer L. Ponder*

Licensed Embalmer No. 3367

P. O. Address Lilbourn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.